# Patient Education in Primary Care

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## Welcome to our resource for patient education and primary care![1]

### WHAT IS IT?

This newsletter provides a mechanism to help meet the challenges of incorporating effective patient education into primary care.

### WHO IS IT FOR?

VA Primary Care Teams, Patient Health Education Coordinators or Patient Health Education Committee chairs, VISN and VAMC decision makers.

## Group Visits Offer Benefits to Clinicians and Patients

Several VA health care facilities are implementing group visits based on models developed by Kaiser Permanente researchers. The two group visit models (cooperative health care clinic/specialty CHCC and drop-in group medical appointment) were shown to produce significant benefits to clinicians and patients, and they lowered health care costs for the organization as well.

### VAMC Loma Linda, CA

At VAMC Loma Linda, CA, Dr. Daniel Castro, Chief of General Internal Medicine, conducts group visits using one of the models. In November 2001, he instituted a cooperative health care clinic targeted to patients from his panel who were 60 years of age and older and who were high users of VA health care services. Patients were invited by Dr. Castro to attend the clinic; 22 are currently enrolled. The group meets monthly for 90 minutes, and the physician is available for 30-60 minutes after the session to see patients individually as needed. Each session follows a standard format:

- an icebreaker conversation to help participants get acquainted and get comfortable in the group
- an education component, often with a guest speaker, to address topics of interest
- a refreshment break
- a question and answer session.

During the icebreaker segment, participants are reminded about ground rules for discussion and confidentiality agreements about what's discussed in the group. For Dr. Castro's groups, participants decide what topics will be covered in the education component; guest speakers have been

1. This publication may be duplicated.

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VAMC staff with expertise in those subjects. Examples of topics include VA home health benefits, what to do if patients get sick and receive care outside the VA system, the VA respite program, nutrition, drug/herb interactions, memory loss/dementia, effects of the sun on skin, and the body's aging process. During the refreshment break, Dr. Castro talks with each patient to see if medication refills are needed, or if the patient has been having any problems that might be able to be answered in front of the entire group during the question and answer segment for all to learn, or if the problem needs to be explored during an individual appointment following the group session. The physician has access to the patient's medical record during this time also to check on any lab values or previous notes or test results. The last segment offers an opportunity for patients to raise questions or concerns they may have related to their health.

Each patient who enrolls in the group clinic receives a personalized health notebook containing a summary of his medical and surgical history, his health problem list, information on prescribed medications, logs for tracking blood pressures or other indicators, and information about relevant health screening tests and schedules, such as PSA and colon cancer screening tests, and influenza, pneumonia and tetanus vaccines. Patients are encouraged to bring their notebooks to the sessions and update them as needed.


According to Dr. Castro, one of the main benefits of the group visit is that patients serve as experts in their own health problems and can share their experiences with group members. The physician is a resource to the whole group to reaffirm experiences, explain symptoms or disease processes, or correct misconceptions participants may have. "Everybody learns from each other," he says.

Patients enrolled in the group visit clinic are still seen annually in individual appointments to receive medical check-ups and address clinical reminders. "Previously, many of these patients sought quarterly or more frequent appointments. For them, the 4-6 month appointment periods are too distressing. They need more reassurance and want to be seen sooner. The group clinic provides them this opportunity; often they don't need individual time with me because their issues are addressed during the group session," Dr. Castro said. "Although we haven't done a formal evaluation as the Kaiser Permanente researchers did, we've already seen reductions in urgent visits, calls and complaints in this patient population. And the patients tell us they love it."

At Loma Linda, an LVN is available to record patient vital signs and help distribute educational materials. "It would be great to have a nurse or clinical psychologist or social worker help me with the sessions," Dr. Castro said, "but we're short-staffed and can't afford to release anyone for that now." We started a diabetes group clinic last month following the specialty CHCC model developed by the Kaiser researchers, and I'll have a diabetes educator meeting with the group at each of the bi-monthly sessions,

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so that will be a big help," he added. In the specialty format, there is less time spent on socialization and education, and more time spent on specific patient care and self-management issues since all participants share the same diagnosis. Another physician at VAMC Loma Linda will start a POW group clinic next month. Groups will be stratified by military experience (World War II, Korea, Vietnam) and will meet every six months. Since POW patients are currently seen individually every six months, the staggered group and individual appointments will assure that patients have an opportunity to be seen quarterly.

## VAMC Atlanta, GA

This medical center has modified all of its previous patient education classes to fit closer to the specialty or drop-in group visit models developed by Kaiser Permanente. Some are hybrids with only educational components; others include group and individual segments. Brenda Sizemore, Patient Health Education Coordinator, reports that they're constantly changing and upgrading the programs to offer the best experiences for patients. She trains all of the group leaders in group process issues, and her Learning Center clerk trains other clerks in the administrative tasks needed to support each group. All group visit sessions are held in the Veterans Learning Center. "It's an ideal location--right at the door to valet parking and between the medical and surgical clinics," she said. "Since patients are billed for all of our patient education classes, we try to schedule the group sessions on days when they have other medical appointments to avoid this cost for them," Sizemore said.

Group visits are available for the following topics:

- the diabetes group clinic for mental health patients is structured as a specialty group visit and follows that protocol; it is led by a physician
- the sexual health group includes a 45-minute session with patients and their partners, followed by a 10-20 minute session with just the women partners of the patients; prescriptions for mailed medication refills are written by the group leader as needed, and patients are scheduled for individual appointments with a physician in 4-6 weeks; it is conducted by a nurse practitioner
- the Hepatitis C group clinic follows the same format of ordering tests and scheduling individual appointments at the end of the group session; it is also conducted by a nurse practitioner
- the congestive heart failure group is conducted by a nurse practitioner; its focus is educational
- the oncology group is conducted jointly by a nurse practitioner and social worker; all oncology patients are invited to attend and share their experiences and concerns; sessions usually last 2-3 hours
- the smoking cessation group clinic is conducted by a clinical psychologist on a regular basis
- the healthy lifestyles group clinic for patients whose weight exceeds 300 pounds is conducted by two primary care physicians and a nutritionist on an occasional basis; it is designed to teach patients how to cook and eat in a healthy manner
- the diabetes group clinic is a 5-6 hour session that addresses key clinical and self-management issues for patients with diabetes; a wide variety of topics is addressed by several staff, and lunch is served; patients also receive and are taught to use glucometers in the session
- the hypertension group clinic is a drop-in clinic that is conducted by a nurse practitioner two or three times a day; its purpose is to teach patients how to use home blood pressure monitoring devices
- the glucometer group clinic is a drop-in clinic that is also offered several times each day; its purpose is to teach patients how to use glucometers at home.

"We believe that patients learn better from each other, so we encourage patients to attend the group sessions that are relevant for them," Sizemore said.

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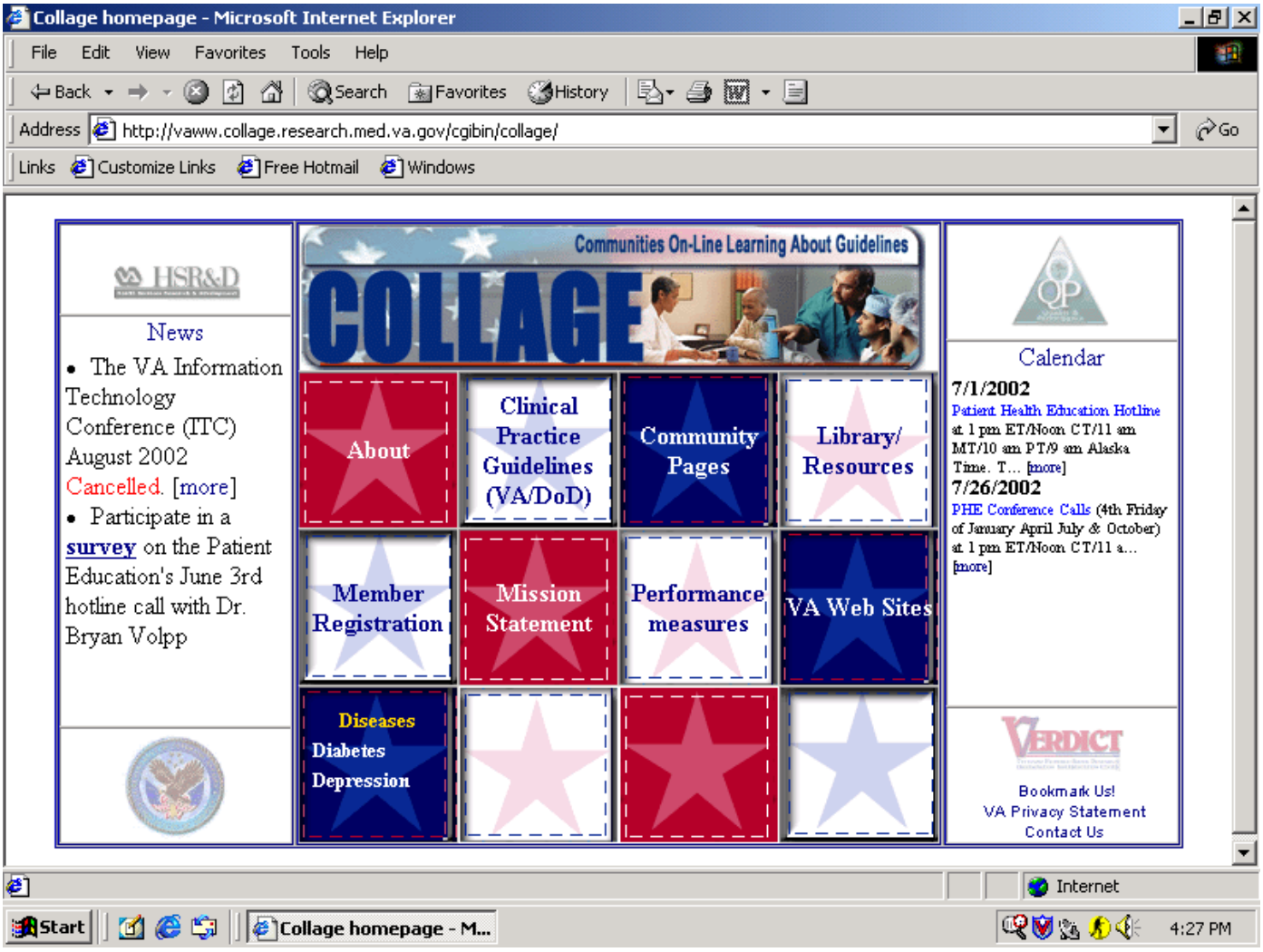
# COLLAGE: Communities On-Line Learning About Guidelines

Evidence-based clinical practice guidelines (CPGs) have become a linchpin in VHA's efforts to optimize the quality of patient care, but the best evidence-based guidance is of little use if it is not well disseminated, understood, and implemented. A recent survey of nearly 4,000 randomly selected VA clinicians showed that only about a third of them have seen the guidelines. Furthermore, CPGs often need updating and it can be difficult to find people who are conversant and knowledgeable about how to implement them.

The COLLAGE web site addresses these issues by giving users direct access to CPGs and implementation toolkits through its on-line searchable libraries. On-line tools such as member directories, event calendars, and discussion boards further enhance communication about CPGs. Users combine their professional expertise with the considerable resources of the COLLAGE libraries and discussion board to conduct virtual discussions that will result in more effective implementation strategies and improved quality of care. The web site is divided into two major components: a general front page that addresses the informational needs of all VA employees; and customized web pages dedicated to communities of VA employees who share common expertise, goals, issues and tasks in the implementation of guidelines *(Communities of Practice).*




Currently the front page of COLLAGE provides six types of resources:

- News item of broad interest
- An annotated calendar
- Links to the CPGs and related materials
- An on-line library database of CPG-related materials and web sites
- Links to performance measures.

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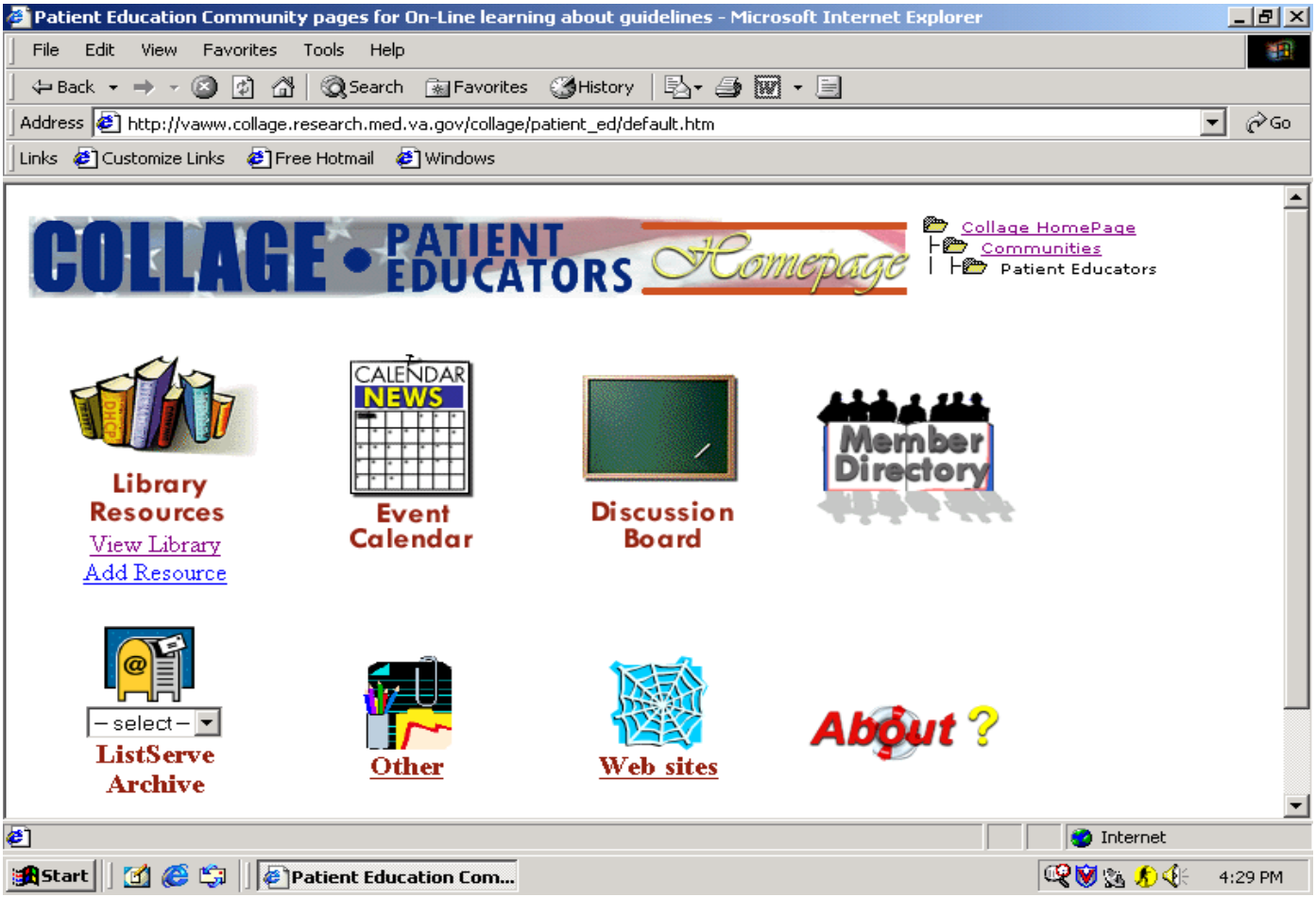
The customized web pages support *Communities of Practice* by providing resources tailored to their needs. For example, the **Patient Educators** web site provides:

- A library database of CPG-related materials focused on patient education issues
- An annotated calendar
- A directory of all active members
- A database of web sites that contain patient education materials
- An archive of listserv communications on issues of importance to the patient education community.




Like all the customized web sites developed under COLLAGE, the Patient Educator web site enables users to quickly locate materials and procedures, keep abreast of current professional news, exchange information and views on professional issues, and tailor CPG concordant procedures for local needs.

COLLAGE is based at the Veterans Evidence-Based Research Dissemination and Implementation Center (VERDICT) within the South Texas Veterans Health Care System at San Antonio, TX. COLLAGE had its genesis in the findings of VERDICT research on factors affecting clinical practice guideline implementation. Its charter is to determine whether and how web-based technologies can effectively encourage the implementation of CPGs. Funding for the project was obtained from VHA's Office of Health Services Research Development in the fall of 2001. Needs assessments and focus group work with target groups began almost immediately and will be a continual component of the project.

Through collaboration with the National Clinical Guideline Council, the QUERI Coordinating Centers, the Office of Quality and Performance, and Patient Care Services, COLLAGE maintains the most up-to-date resources for guideline implementation available within VHA. COLLAGE is easily accessible through the VA intranet at: vaww.collage.research.med.va.gov. Readers interested in developing a web site within COLLAGE for their own VA group may contact Dr. Daniel Muraida for assistance.

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# Patient Education/Primary Care Program Notes

## Health Buddy: Patient Education Tool

Recently VISN 8 created a task force to recommend innovative care delivery and technology ideas to address the needs of veterans who have clinically complex health care problems. Many of these veterans have several chronic diseases such as diabetes, coronary heart disease, emphysema, and depression, and are at risk for complications. These conditions often have a negative impact on patients' quality of life and on VHA resources; at the time the task force was convened, 4% of patients with multiple chronic diseases consumed 41% of VISN 8 health care resources.

The Community Care Coordination Service was implemented in April 2000. The service has as its foundation eight clinical demonstration pilots. The program focuses on improving the coordination of care for clinically complex veterans with multiple chronic diseases by working collaboratively with primary care providers. Since patient education is a vital component of chronic disease management, program staff identified a tool that would enable them to monitor veterans at home while providing daily education on a variety of chronic illnesses.

The Health Buddy appliance (see photo), developed by the Health Hero Network, connects to the patient's phone and an electrical outlet much like an answering machine. It is the size of a caller ID box. Patients do not need Internet access or computer skills to use this system. They receive a 5-minute tutorial that checks the phone line, loads the questions, and teaches them how to use the appliance. Health Buddy has a large easy to read screen and four large blue buttons for responses. At any time during a 24-hour period, patients can hit any button to start the session.


Patients answer personalized daily questions in English or Spanish at a 4th grade reading level. The questions are designed to monitor their symptoms, medication adherence, and basic disease knowledge. Patients are asked 7-10 questions per day; about half are self-management questions, and half are patient education questions. Questions can be customized for individual patients, and they can be programmed to repeat at regular intervals to reinforce key messages about managing health problems. Just after midnight each day, patients' responses are downloaded to the Health Hero's data center, and new questions are loaded. VA Care Coordinators log onto a secure web site to view daily responses sent by their patients. The responses are categorized and risk-stratified to alert staff to the most serious problems first. According to Rita Kobb, Rural Home Care Coordinator for the Lake City facility, it's an easy tool for both patients and staff to use. "It takes patients only 3 to 5 minutes a day to answer the questions, and I can log on and check all my patients' responses in 5 to 10 minutes a day," she said.

More than 600 patients in VISN 8 are using the Health Buddy tool. The Bay Pines and West Palm Beach facilities use the tool only with patients who have mental health conditions, and the facilities at San Juan, Miami, Ft. Myers, Gainesville, and Lake City use the device with patients who have chronic medical conditions. Diagnoses covered by Health Buddy in the VISN 8 program include CHF, COPD, HTN, Diabetes, CAD/Angina, Depression, Bipolar Disorder, and Schizophrenia. Combined dialogues such as CHF/DM, HTN/DM, and COPD/HTN have also been implemented. A new tri-morbid dialogue for CHF/DM/HTN has recently become available for use. A VA work group helped develop the questions in accordance with VA clinical guidelines and in conjunction with nursing content experts representing the Health Hero Network.

Patient compliance for answering the Health Buddy questions has been 90% since staff began enrolling veterans in August of 2000. Results of a telephone survey that assesses patient reactions at baseline and every 6 months show that patients are extremely satisfied with the Health Buddy tool. 96% of patients using the Health Buddy thought the device helped them to stay healthy, 96% felt more comfortable because staff were monitoring their symptoms, and 95% thought the Health Buddy was extremely easy to use. Primary care providers also have responded positively to the device, stating that they were glad to get information on patients between clinic visits.

Veterans enrolled in the clinical pilots have had reductions in hospital admissions, ER visits, unscheduled clinic visits, medication prescriptions, and calls to the VISN telecare program. These patients are now taking a more active role in the management of their chronic diseases. In the first year, the community care coordination program, with the help of this innovative tool, has reduced costs 68% for enrolled veterans across the VISN and has made a significant positive impact on veterans' health care.

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# How Do We Know Patient Education Works?

## Group vs. Individual Diabetes Education

This randomized study compared the effectiveness of delivering diabetes education using a consistent, evidence-based curriculum in either group or individual settings. The 170 patients with type 2 diabetes who were randomly assigned to one of the educational interventions received four sequential sessions over a 6-month period. Outcomes included changes in knowledge, self-management behaviors, weight, body mass index, HbA(1)c, health-related quality of life, patient attitudes, and medication adherence. Changes were assessed at baseline and at 2-week, 3-month, and 6-month intervals.

All participants showed significant improvements in HbA(1)c. Participants in the group setting showed marginally greater improvement than did those who received individual education. Participants in both settings achieved similar improvements on all other outcome measures.

The authors contend that the diabetes education delivered in group settings was as effective as that delivered to individual patients, and that group education may be a more efficient and cost-effective method for health care systems.

*Rickheim PL, Weaver TW, Flader JL, Kendall DM. (2002) Assessment of group versus individual diabetes education: a randomized study. Diabetes Care 25(2):269-74.*

## Coaching Patients with Coronary Heart Disease

In this study, 245 patients with established coronary heart disease were stratified by cardiac procedure (coronary artery bypass graft surgery or percutaneous coronary intervention) and randomly assigned to receive the coaching intervention or usual care. Outcome measures included fasting serum total cholesterol, serum triglyceride, high-density lipoprotein cholesterol, and low-density lipoprotein cholesterol measured at 6 months post-randomization.

Patients who received the coaching intervention achieved significantly lower serum total cholesterol and low-density lipoprotein cholesterol levels than did patients who received usual care. Multivariate analysis showed that being coached had an effect of equal magnitude to being prescribed lipid-lowering drug therapy. The authors attribute the effectiveness of the coaching intervention to patient adherence to both drug therapy and dietary advice given.

*Vale MJ, Jelinek MV, Best JD, Santamaria JD. (2002) Coaching patients with coronary heart disease to achieve the target cholesterol: a method to bridge the gap between evidence-based medicine and the "real world"--randomized controlled trial. Journal of Clinical Epidemiology 55(3):245-52.*

## Effect of Preoperative Smoking Intervention on Postoperative Complications

The purpose of this study was to determine the effect of a preoperative smoking intervention on the frequency of postoperative complications in patients undergoing hip and knee replacement. 120 patients were randomly assigned 6-8 weeks before scheduled surgery to either control or smoking intervention groups. The intervention consisted of counseling and nicotine replacement therapy; goals were either smoking cessation or at least 50% smoking reduction. An assessor, blinded to the intervention, registered the occurrence of cardiopulmonary, renal, neurological, or surgical complications and duration of hospital stay. The main analysis was by intention to treat.

The overall complication rate was 18% in the smoking intervention group and 52% in the control group. The most significant effects of the intervention were seen for wound-related complications (5% vs 31%), cardiovascular complications (0% vs 10%), and secondary surgery (4% vs 15%).

The authors recommend that smoking intervention programs be adopted 6-8 weeks before scheduled surgery to reduce postoperative morbidity.

*Moller AM, Villebro N, Pedersen T, Tonnesen H. (2002) Effect of preoperative smoking intervention on postoperative complications: a randomized clinical trial. Lancet 359(9301):114-7.*

## Performance Improvement Training

Every quarter, Patient Education in Primary Care will offer the opportunity to earn one hour of performance improvement training credit for a patient education topic of importance to primary care clinicians. To earn this credit, choose one of the following two options:

Read the entire July 2002 newsletter and provide brief answers to the questions below. Turn these in to your supervisor along with a copy of the newsletter

**OR**

Organize a one-hour brown bag journal club or set aside time during a staff or team meeting to read the newsletter and discuss the questions below. Turn in a master list of participants along with a copy of the newsletter.

**Questions:**

1. *Do you think group visits would be a good strategy for patient care and education at your facility? What factors would affect the implementation of group visits at your facility? What suggestions would you make to address these factors?*
2. *How might the COLLAGE web site be used by staff in your facility to enhance local patient education services?*
3. *In what areas has your facility used technology to support and enhance patient education activities? How might these efforts be expanded?*

## DO YOU HAVE ANY SUCCESSFUL PATIENT EDUCATION STRATEGIES THAT YOU WOULD LIKE TO SHARE WITH US?

Contact any of the following with your input:

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**Linda Livingston, MSN, RN**
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Employee Education System

Office of Primary and Ambulatory Care